MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09429

Reg. Dist. No. 3-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Clyde Bailey

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 18, 1913

8. AGE: Years 33 | Months 6 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Accomac-Accomac-Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farming

FATHER 12. Name: Alfred Bailey

FATHER 13. Birthplace: Accomac, Virginia

MOTHER 14. Maiden name: Hattie Bailey

MOTHER 15. Birthplace: ? Virginia

16. Informant: Mary Bailey

Address: Stockton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4, 1946 (month) (day) (year)

Cemetery or crematory: Stockton Colored Cem

Location: Stockton, Md.

16. Funeral director: H. Harvey Bradshaw

Address: Pocomoke City, Md.

19. Sept 4 1946 (Date rec'd by registrar) Mary M Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 1 1946, at 3:00 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 22, 1946 to Sept 1 1946

and that I last saw him alive on Sept 1 1946

Immediate cause of death	DURATION
Acute pulmonary Edema	3 days
Due to: Far advanced Bilateral Pulmonary tuberculosis	5 yrs ?
Due to:	
Other conditions: frequent pulmonary hemorrhages (Include pregnancy within 3 months of death)	2 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert L. LaMar, MD M. D. or other

Address: Snow Hill Date signed 9/3/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

09430

Reg. Dist. No. 855

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred: 407 Baltimore Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Virginia County: Accomac
City or town: Parksley
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Ca. Louise Chandler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow.

6.(b) Name of husband or wife: S R. Chandler.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 15, 1868.

8. AGE: Years	Months	Days	If less than one day
77	10	18	..... hrs. ..... min.

9. Birthplace: Guilford Va. Accomac Co.
(Town, county, and state)
10. Usual occupation: Housekeeper.
11. Industry or business:
FATHER 12. Name: Thomas Mason.
13. Birthplace: Accomac County
MOTHER 14. Maiden name: Elizabeth Hutchinson.
15. Birthplace: Accomack Va.
16. Informant: Kate Mason Mears
Address: Ocean City Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4 1946 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Parksley Va.
18. Funeral director: Fred G Mapp
Address: Bellhaven Va.
19. 9-4 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2 1946 at 3:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 2 1946 to Sept 2 1946 and that I last saw h.er alive on Sept 1 1946

Immediate cause of death	DURATION
Cerebral thrombosis	4 wks.
Due to: Arteriosclerosis & hypertension	9 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Nathaniel R. Thomas M.D.
M. D. or other
Address: Ocean City Md. Date signed: 2 Sept 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

(S) 09431

Reg. Dist. No. 955

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Norman Chesar

3.(b) Social Security Number: 220-09-1996

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	divorced

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 17, 1900

8. AGE: Years: 46 | Months: 6 | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Trucker

11. Industry or business

FATHER
12. Name: Amos Chesar
13. Birthplace: Va.

MOTHER
14. Maiden name: Annie Davis
15. Birthplace: Va

18. Informant: Mrs. Annie Chesar
Address: Berlin Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 9/26/46 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md

16. Funeral director: Anna A. Bunting
Address: Berlin Md

19. 9-26 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 24 1946, at 6:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley D/S Md Evans M. D. or other
Address: Snow Hill Md Date signed 9/27/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

09432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 3 S S

1. PLACE OF DEATH:
County: Worcester.
City or town: Berlin R.F.D. # 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester.
City or town: Berlin R.F.D. # 2
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Eliza Clark.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow.

6.(b) Name of husband or wife: William Henry Clark
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 15, 1866

8. AGE:

Years	Months	Days	If less than one day
80	6	8	hrs. min.

9. Birthplace: Berlin Wor. Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Henry Fooks
13. Birthplace: Md.

MOTHER
14. Maiden name: Retta Coffin
15. Birthplace: Md

16. Informant: James Clark
Address: Berlin, Md R F D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/25/46 (month) (day) (year)
Cemetery or crematory: Parsonville
Location: Berlin, Md R-F-D.

18. Funeral director: Dennis R. Bunting
Address: Berlin Md.

19. 9-25 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1946, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23 1946 to Sept 23 1946 and that I last saw h... alive on Sept 23 1946.

	DURATION
Immediate cause of death: Coronary Occlusion	Sudden
Due to: Generalized Arteriosclerosis	20 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lawrence S. Mc Gill M.D.
M. D. or other
Address: Berlin Md. Date signed 9/25/46

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

★ 09433 Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Girdletree
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 76 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Girdletree
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION) 70
2.(a) If veteran, name war

3.(a) FULL NAME Laura F. Dukes

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: James D. Dukes Sr.
6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): Oct. 26 - 1869

8. AGE: Years: 76 Months: 11 Days: 0 If less than one day: hrs. min.

9. Birthplace: Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: William J. Staggs
13. Birthplace: Maryland

MOTHER
14. Maiden name: Henrietta Tarr
15. Birthplace: Maryland

16. Informant: Mrs. James D. Dukes Sr.
Address: Girdletree, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 29/46 (month) (day) (year)
Cemetery or crematory: Telegram Palmer
Location: Girdletree, Md

18. Funeral director: Elias E. Staggs
Address: Snow Hill Md

19. 9/28 1946 (Date rec'd by registrar) R. Dorsey Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 26 1946, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1946, to Sept 26 1946
and that I last saw him alive on Sept 26 1946

Immediate cause of death	DURATION
Decompensated Heart Disease	1 Day
Due to: Arteriosclerosis	Unknown
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul Cohen M.D
M. D. or other
Address: Snow Hill Date signed: 9/27/46

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

09434

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester.
City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 86 years.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Thomas Young Franklin.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Ella M. Franklin
6.(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 27, 1860

8. AGE: Years 86 | Months 1 | Days 11 | If less than one day ... hrs. ... min.

9. Birthplace Berlin, Wor. Co. Md.
(Town, county, and state)

10. Usual occupation Retired.

11. Industry or business

FATHER 12. Name Littleton P. Franklin
13. Birthplace Maryland.

MOTHER 14. Maiden name Sarah Chaney
15. Birthplace Mississippi.

18. Informant Mrs. T. Y. Franklin
Address Berlin Md

17. B (Burial, cremation, or removal. Which?) Date thereof 9/12/46 (month) (day) (year)
Cemetery or crematory Buckingham
Location Berlin Md

18. Funeral director Dana D. Bunting
Address Berlin Md

19. 9-12-46 (Date rec'd by registrar) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1946, at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 8 1946 and that I last saw h. alive on Sept 8 1946

Immediate cause of death	DURATION
Chronic myocarditis	6 yrs.
Due to Generalized Arteriosclerosis	20 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE T. Purnell M.D. M. D. or other
Address Berlin, Md Date signed 9/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7-d)

CERTIFICATE OF DEATH

0943

★ Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Oak Street
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Catherine M. Giltz

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Andrew Giltz
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 4-1864

8. AGE: Years	Months	Days	If less than one day
81	9	21	..... hrs. ..... min.

9. Birthplace: Dunton Accomac Va.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: John T. Dunton
13. Birthplace: Penna

MOTHER
14. Maiden name: Margaret Taylor
15. Birthplace: Virginia

16. Informant: Mrs. G. L. Purnell
Address: Pocomoke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 23-1946 (month) (day) (year)
Cemetery or crematory: Salem M. E. Cemetery
Location: Pocomoke City Md.
18. Funeral director: Henry L. Dalton
Address: Pocomoke City Md.
19. Sept. 23 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 21 1946 at 1.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19th 1946 to Sept 21st 1946 and that I last saw ... alive on Sept 21st 1946

Immediate cause of death	DURATION
Due to Chronic Endocarditis	years
Due to	
Other conditions Hypertension	years

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: H. L. Dalton M.D.
M. D. or other
Address: Pocomoke City Md. Date signed: 9/24/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9th a)

CERTIFICATE OF DEATH

09436

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Mattie Harmon

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	widow

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1879

8. AGE: Years	Months	Days	If less than one day
67			hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Teacher
11. Industry or business: School

FATHER
12. Name: John H. Collick
13. Birthplace: Snow Hill, Maryland

MOTHER
14. Maiden name: Amanda F. Handy
15. Birthplace: Girdletree, Maryland

16. Informant: John A. Collick
Address: 306 Presstman St, Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-23-46 (month) (day) (year)
Cemetery or crematory: Scarborough Cemetery
Location: Scarborough Switch, Maryland near Snow Hill
18. Funeral director: James F. Stewart
Address: 402 E. Church St. Salisbury Md.

19. 9/23/ 1946 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1946, at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—
and that I last saw h— alive on — 19—

Immediate cause of death	DURATION
Myocardial degeneration	
Heart	Intermittent
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other
Address: Snow Hill Md. Date signed: 9/20/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Elwood Harmon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

09437

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Virginia Duggett.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife: William Duggett.
8.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
about 32	—	—	..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: unknown
13. Birthplace
MOTHER 14. Maiden name: unknown
15. Birthplace
16. Informant: Mrs. Parker Topping
Address: Ocean City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/10/46 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md.
18. Funeral director: Bruce A. Burbage
Address: Berlin Md.
19. 9-10-46 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 19 46, at 1.50 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Hypocardial degeneration of heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: John L Riley Dep. Med Exam M. D. or other
Address: Brown Field Md. Date signed 9/8/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

D9438

Reg. Diat. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Newark Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 0

How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland Worcester

City or town: Newark

(If outside city or town limits, write RURAL and give nearest town)

Street No.: RURAL

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Baby Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	Infant

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 27 - 1946

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
0	0	0	8	0

9. Birthplace: Newark Md Worc. (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: George Edw Johnson

13. Birthplace: Snow Hill Md R F D

MOTHER — 14. Malden name: Willie Young

15. Birthplace: Snow Hill R F D

16. Informant: Geo. Edw Johnson

Address: Newark

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 27 46 (month) (day) (year)

Cemetery or crematory: Mt Wesley

Location: Snow Hill R F D

18. Funeral director: Father, George Johnson

Address: Newark Md

19. 9/27 (Date rec'd by registrar) 19 46 LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 27 19 46 at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....

and that I last saw h... alive on ..... 19 .....

Immediate cause of death	DURATION
Exposure and weakness - Born a-round 2.23 a.m. and midwife did not arrive until 10:30 a.m.	
Due to: no prep midwife — Ola M. Mateks	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: LeRoy Smith C. Reg. #351 M. D. or other

Address: Snow Hill, Md Date signed: 9/27/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

0943?

Reg. Dist. No. 353

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Worcester
City or town: Bishopsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Bishopsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: No #
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: George W. Lynch

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 8, 1868

8. AGE: Years: 78 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Bishopsville
(Town, county, and state)

10. Usual occupation: Meat Cutter

11. Industry or business: Butcher

FATHER 12. Name: Joseph J. Lynch
13. Birthplace: Del.

MOTHER 14. Maiden name: Ellen Vandom
15. Birthplace: Md.

16. Informant: Mattie Figgs
Address: Bishopsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-28-46 (month) (day) (year)
Cemetery or crematory: I.O.O.F.
Location: Bishopsville, Md.

18. Funeral director: M. Pasha Watson
Address: Selbyville, Del.

19. 9/27 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25 1946, at 9 00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 23 1946, to Sept. 24 1946, and that I last saw h.. alive on Sept. 24 1946.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Hypertension	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G E Jones M.D.
M. D. or other
Address: Selbyville Del. Date signed: 9-25-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

09440

Reg. Diat. No. 350

1. PLACE OF DEATH
County Worcester
City or town Pocomoke Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No. Walnut Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Henrietta P. Marshall

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Henry C. Marshall
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 18, 1854

8. AGE: Years	Months	Days	If less than one day
92	8	9	hrs. min.

9. Birthplace Blotons Accomac Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John J. Blotom
13. Birthplace Virginia

MOTHER
14. Maiden name Mary E. Young
15. Birthplace Virginia

16. Informant Mrs Charles D. Watt
Address Pocomoke Md.

17. Burial Date thereof Sept 29 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Nelson Cemetery
Location Rural Pocomoke Md.
18. Funeral director Henry L. Dashiell
Address Pocomoke Md.
19. Sept. 29 1946 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27, 1946, at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1946 to Sept 27 1946
and that I last saw h— alive on Sept 27 1946

	DURATION
Immediate cause of death Cardiac	2 hr
Due to Carcinoma of breast	2 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. M. Marion M. D.
Address Pocomoke City Date signed 9/29/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

09441

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County Worcester
City or town Berlin Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. no
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Sarah Marshall

3.(b) Social Security Number no

4. Sex: female
5. Color or race: a.a.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Robert Marshall
6.(c) If alive, give age: Yes Dont no years
7. Birth date of deceased (mo., day, yr.): June 1 1886
8. AGE: Years 60 Months 3 Days 26 If less than one day ... hrs. ... min.
9. Birthplace: Snow Hill Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Same as above
12. Name of father: John Hudson
13. Birthplace of father: Snow Hill
14. Maiden name of mother: Jane Townsend
15. Birthplace of mother: Berlin Md
18. Informant: Robert Marshall
Address: Berlin Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 30 1946 (month) (day) (year)
Cemetery or crematory: Bethell
Location: Berlin Md
18. Funeral director: James H. Stewart
Address: Salisbury Md
19. 9-29- 1946 (Date rec'd by registrar) Helen T. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 26 1946 at 11 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw her alive on Sept 20 1946

Immediate cause of death	DURATION
Cerebral	
Due to: Hemorrhage	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Chas. R. Farr M.D. M. D. or other
Address Berlin Md Date signed 9-27-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25-a)

CERTIFICATE OF DEATH

09442

Reg. Diat. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mon
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Bacto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5707 Stuart Av. Mt. Wash
(If rural, give LOCATION)
2.(a) If veteran, name war: L

3.(a) FULL NAME Mary Virginia Myers

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Married

6.(b) Name of husband ~~or wife~~: John T. Myers
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): October 8, 1882

8. AGE: Years: 63 Months: 10 Days: 23 If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: August Burnstead
FATHER 13. Birthplace: Virginia
MOTHER 14. Maiden name: Sarah Munson
MOTHER 15. Birthplace: Virginia
16. Informant: Dr John T. Stacy
Address: Bacto 28
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/7/46 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Md.
18. Funeral director: Hall E. Delozier
Address: Ellicott City Md
19. 9-5- 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 1, 1946, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1945 to Sept 1 1946
and that I last saw her alive on Sept 1 1946

	DURATION
Immediate cause of death: Cerebral Hemorrhage	13 hrs
Due to: Hypertension	1 yr
Due to: Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James E Howard M. D. or other
Address: 75 Frederick Av Balto 28 Date signed: 9-1-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

09443

Reg. Dist. No. 383

1. PLACE OF DEATH:
County Worcester
City or town Berlin R F D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin R F D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Parsons, Julia HETTIE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Thomas L. Parsons.
6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1877

8. AGE: Years 69 | Months 1 | Days 9 | If less than one day ... hrs. ... min.

9. Birthplace Berlin Md. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

MOTHER FATHER
12. Name James Parker.
13. Birthplace Md.
MOTHER
14. Maiden name Sally M. Hastings
15. Birthplace Md.

16. Informant Mrs Thomas L. Parsons
Address Berlin Md R F D
17. Burial (Burial, cremation, or Removal. Which?) Date thereof 9/21/46 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin Md
18. Funeral director Duncan D. Purnell
Address Berlin, Md.
19. 9/27 1946 Received by registrar Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 1946, at 5:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1946, to Sept. 21 1946 and that I last saw h.er alive on Sept. 20 1946

Immediate cause of death	DURATION
Arteriosclerotic Heart Disease with Heart Failure	Symptoms 6 months
Due to Arteriosclerosis, advanced of coronary arteries	Symptoms 5 years
Due to	
Other conditions Hypoproteinemia	Symptoms 1 month

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE David J. Gilmore M. D.
M. D. or other
Address 301 N. Division St. Salisbury Md. Date signed 9/22/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

0944 351

Reg. Dist. No. .....

1. PLACE OF DEATH:
County Worcester
City or town Stockton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Stockton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME Mary Anna R. Taylor

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

8.(b) Name of husband or wife Euclin H. Taylor
8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 26-1861

8. AGE:

Years	Months	Days	If less than one day
85	1	0	..... hrs. ..... min.

9. Birthplace Pocomoke, Worcester Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name William Ross
13. Birthplace Maryland

MOTHER
14. Maiden name Dallie Ann Riggin
15. Birthplace Maryland

16. Informant Mrs. Lucille Benson
Address Stockton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 30, 1946 (month) (day) (year)
Cemetery or crematory Presbyterian Cemetery
Location Stockton Md.

18. Funeral director Henry L. Watson
Address Pocomoke City Md.

19. 9/30/ 1946 (Date rec'd by registrar) L. E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1946 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 August 1946 to 26 Sept 1946
and that I last saw h... alive on 26 Sept 1946

	DURATION
Immediate cause of death Chronic Degeneration Myocarditis	10 yrs
Due to arteriosclerosis	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury Injured at work?

23. SIGNATURE Herman A. Robbins M.D.
M. D. or other
Address Crumpton, Md. Date signed 27 Sept 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

09445

Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill Rural #2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Snow Hill Rural #2
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Betsy E. Phillips

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife Isaac C. Phillips
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 9 — 1882

8. AGE: Years	Months	Days	If less than one day
64	5	11	..... hrs. ..... min.

9. Birthplace Near Snow Hill Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Sarah Davis
15. Birthplace Near Snow Hill Md

16. Informant Mr Harry S Phillips
Address Snow Hill Md Rural #2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22/46 (month) (day) (year)
Cemetery or crematory Mt Zion
Location Snow Hill, Md, Rural
18. Funeral director Elday E. Dennis
Address Snow Hill Md
19. 9/21/46 (Date rec'd by registrar) LeRoy Truitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1946, at 3:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Myocardial degeneration	Unknown
Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other
Address Snow Hill Md Date signed 9/20/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (D-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Girdletree Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Girdletree Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: George T. Pruitt

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B.(b) Name of husband or wife: Laura A. Pruitt
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): January 17 - 1876

8. AGE: Years: 70 | Months: 8 | Days: 0 | If less than one day: hrs. min.

9. Birthplace: Pocomoke City Worcester Md
(Town, county and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John P. Pruitt
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Ann Mitchell
15. Birthplace: Maryland

16. Informant: Mrs. Laura A. Pruitt
Address: Girdletree, Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/18/1946 (month) (day) (year)

Cemetery or crematory: Bethel
Location: Snow Hill, Md

18. Funeral director: Elay E. Dennis
Address: Snow Hill Md

19. 9/18/1946 (Date rec'd by registrar) R. LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17 1946, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1941 to Sept 17 1946 and that I last saw h. alive on 17 Sept 1946

Immediate cause of death	DURATION
Bronchopneumonia -	
Due to: Chronic Degeneration	15 yrs.
Myocarditis	
Due to:	
Other conditions: Deformity of both Legs & Arm	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Hermann A. Robbins M.D.
M. D. or other

Address: Snow Hill, Md Date signed: Sept 18 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICATE OF DEATH

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MD

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Girdletree Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Girdletree Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Ola Taylor Mrs

3.(b) Social Security Number: W.T. Only Camp Ca.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Columbus N. Taylor
6.(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Nov. 19 - 1903

8. AGE:

Years	Months	Days	If less than one day
42	10	26	hrs. min.

9. Birthplace: Watteville Accomac Virginia (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home

FATHER
12. Name: Peter J. Conner
13. Birthplace: Virginia

MOTHER
14. Maiden name: Bessie Hardy
15. Birthplace: Virginia

16. Informant: Columbus N. Taylor
Address: Girdletree Md

17. Burial, (Cremation, or removal. Which?) Buried Date thereof: Sept. 17/46 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location: Girdletree Md

18. Funeral director: Elsey E. Bunting
Address: Snow Hill Md

19. 9/16 1946 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1946, at 12:01 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fractures Skull Instantly	
Due to: Being Struck by auto.	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Sept 15 '46
Where did injury occur? Was Girdletree Worcester Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): County Road
Means of injury: Struck by auto Injured at work? No

23. SIGNATURE: John L. Riley Dep. Med. Exam.
M. D. or other
Address: Snow Hill Md Date signed: 9/15/46